

APR 15 2004

PART B - FEE(S) TRANSMITTAL

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20583 7590 01/15/2004

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JONES DAY
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NEW YORK, NY 10017

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(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/536,552	03/28/2000	Andrew L. Mason	9926-003-999	5583

TITLE OF INVENTION: IDENTIFICATION OF A NOVEL RETROVIRUS ASSOCIATED WITH PRIMARY SCLEROSING CHOLANGITIS AND AUTOIMMUNE HEPATITIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	04/15/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
EPPS FORD, JANET L	1635	435-005000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Jones Day

2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Alton Ochsner Medical Foundation

New Orleans, Louisiana

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 5 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3013 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

By: Jacqueline Deen

(Authorized Signature) Samuel B. Abrams (Date) Reg. No. 43,492
Samuel B. Abrams Reg. No. 30,605 4/15/04

04/20/2004 HLE444 00000105 503013 09536552

01 FC:2501 665.00 DA
02 FC:8001 15.00 DA

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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04-19-04

B \$

Express Mail No. EV335859583US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Mason *et al* Confirmation No.: 5583
Serial No.: 09/536,552 Art Unit: 1635
Filed: March 28, 2000 Examiner: Janet L. Epps
For: IDENTIFICATION OF A NOVEL Attorney Docket No: 9926-003-999
RETROVIRUS ASSOCIATED
WITH PRIMARY SCLEROSING
CHOLANGITIS AND
AUTOIMMUNE HEPATITIS

TRANSMITTAL OF ISSUE FEE**BOX ISSUE FEE**

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Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowability and Issue Fee due mailed January 15, 2004 by the U.S. Patent and Trademark Office, Applicants submit herewith an Issue Fee Transmittal - Part B.

It is estimated that no additional fee beyond that of the issue fee is required. In the event an additional fee is required, please charge Jones Day, Deposit Account No. 50-3013.

Respectfully submitted,

Date: April 15, 2004

Samuel B. Abrams 30,605
Samuel B. Abrams (Reg. No.)
By: Jacqueline Benn 43,492
Jacqueline Benn (Reg. No.)

Enclosures